

4/25/97 B-5498 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000082024 (8)

1. Corporation Name
MAGNA MEDICAL, INC.

Principal Place of Business 7200 NW 7TH STREET 2ND FLOOR MIAMI FL 33126 US	Mailing Address 7200 NW 7TH STREET 2ND FLOOR MIAMI FL 33126-2941 US
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3. Date Incorporated or Qualified 11/09/1994	3a. Date of Last Report 07/22/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 65-0548090 Applied For Not Applicable	5. Certificate of Status Desired \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
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9. Name and Address of Current Registered Agent

LEOPOLD, NORMAN ESQ.
LEOPOLD & LEOPOLD, P.A.
20801 BISCAYNE BLVD., SUITE 501
AVENTURA FL 33180

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD GONZALEZ, LOUIS O 7200 NW 7TH ST., 2ND FLR MIAMI FL 33126	1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	D GONZALEZ, IRIS J 7200 NW 7TH ST., 2ND FLOOR MIAMI FL 33126	1.2 NAME	Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS	SS SMITH, LESLIE G 815 N RED RD SUITE 400 MIAMI FL 33126	1.3 STREET ADDRESS	Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/>
CITY - ST - ZIP	D RAMOS, LISA G 815 N RED RD SUITE 400 MIAMI FL 33126	1.4 CITY - ST - ZIP	Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE	D NUNEX, LISETTE G 7200 NW 7TH ST 2ND FLR MIAMI FL 33126	2.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	D ALTMAN, ALAN 7200 NW 7TH ST., 2ND FLR MIAMI FL 33126	2.2 NAME	Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS		2.3 STREET ADDRESS	Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/>
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE		3.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME		3.2 NAME	Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS		3.3 STREET ADDRESS	Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/>
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE		4.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME		4.2 NAME	Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS		4.3 STREET ADDRESS	Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/>
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE		5.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME		5.2 NAME	Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS		5.3 STREET ADDRESS	Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/>
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE		6.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME		6.2 NAME	Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS		6.3 STREET ADDRESS	Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/>
CITY - ST - ZIP		6.4 CITY - ST - ZIP	Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: 04-18-97 DAYTIME PHONE: 261-2241

CR2E034 (9/96)